



Agency Checklist of Immediate Retirement Procedures

Federal Employees Retirement System

Section A - Employing Office Checklist: To Be Completed by Office Maintaining Official Personnel Folder(OPF)

1. Name of applicant(last, first, middle initial)		2. Date of birth(month, day, year)		3. Social Security Number:	
4. Type of retirement <input type="checkbox"/> Immediate Voluntary(MRA + 30, 60 + 20, 62 + 5) <input type="checkbox"/> Immediate Voluntary(MRA + 10 with age reduction) <input type="checkbox"/> Early Retirement(Major RIF, reorganization, or transfer of function) <input type="checkbox"/> Involuntary Retirement <input type="checkbox"/> Disability		5. Special provisions(check any applicable) <input type="checkbox"/> 25 Years Law Enforcement/Firefighter <input type="checkbox"/> 20 Years Law Enforcement/Firefighter and age 50 <input type="checkbox"/> 25 Years Air Traffic Controller <input type="checkbox"/> 20 Years Air Traffic Controller and age 50 <input type="checkbox"/> Other ▶			
6. Does applicant meet the requirements for continuation of health benefits coverage into retirement? <input type="checkbox"/> YES - Complete 6a below <input type="checkbox"/> NO - give reason below:					
6a. Enrollment code number					
7. Does applicant meet the requirements for continuation of life insurance into retirement? <input type="checkbox"/> YES - Complete 7a below <input type="checkbox"/> NO - give reason below:					
7a. Applicant can continue Basic Life and the following options: <input type="checkbox"/> Option A - Standard <input type="checkbox"/> Option B - Additional with the following multiples of pay: <input type="checkbox"/> Option C - Family <input type="checkbox"/> No optional insurance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					
8. Are the following documents attached? Indicate by "X" for each item:		Attached		Not Applicable	
a. SF 3107*					
b. All documents applicant shows as attached to SF 3107					
c. If applicant is married and did not elect the maximum survivor benefit, SF 3107-2*					
d. SF 3107-1*					
e. If discontinued service retirement, documentation specified in chapter 44, CSRS/FERS Handbook for Personnel and Payroll Offices (formerly FPM Supplement 830-1), including OPM Form 1510* and attachments, if available					
f. If early optional retirement, enter OPM Authority No. ▶					
g. Agency estimate of benefits, if prepared					
h. If applicant wants a refund of military service deposit because he/she does not want to waive military retired pay, SF 3106*					
i. If post-1956 military service is involved and applicant has not made application to make a military service deposit, OPM Form 1515*					
j. If post-1956 military service deposit is not made, was applicant counseled about the effects of not paying the deposit?		Yes No			
k. If applicant wants Federal Income tax withheld at the same rate as while an employee, copy of W-4 form on file with your agency		Attached N/A			
9. If the annuitant meets the 5-year requirement to continue health benefits into retirement based on previous coverage as a family member under someone else's FEHB plan or prior coverage under the Uniformed Services Health Benefits Program, attach documentation		Attached		N/A	
9. If the annuity is not for disability, are the following documents attached?		Mark "X" in appropriate column			
		Attached		Not applicable	
a. All SF 2809's* in applicant's OPF					
b. All SF 2810's* in applicant's OPF					
c. SF 2821*					
d. SF 2818*					
e. All SF 54's* and SF 2823's* in applicant's OPF					
f. All SF 2817's*, SF 176's*, SF 176T's*					
g. All SF 3102's*					
10. If type of retirement is disability, is the employee's disability documentation specified in SF 3105* or SF 3112* attached? <input type="checkbox"/> YES <input type="checkbox"/> NO -explain ▶					
11. List any documents which are attached, but are not listed above:					
12. Certification by the chief personnel officer or designee I certify that the above accurately reflects verified information in official records and that the applicant has sufficient service to be entitled to an annuity.					
Signature		Address			
Official title					
Person to contact for further information		Telephone Number (including area code)		Submitting office number(SON)	

Offenses Barring Annuity Payments: Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management, Retirement and Insurance Group, in any case when this law possibly applies.

* See back for titles of forms referred to above.
** Postal Service personnel should refer to the Employee and Labor Relations Manual (ELM).
CSRS/FERS Handbook for Personnel and Payroll Offices
NSN 7540-01-255-3670

Section B - Payroll Office Checklist: To Be Completed by Office Maintaining Individual Retirement Record (SF 3100 or SF 3100A) *

Important: The SF 3100 or SF 3100A must be closed out and sent to OPM no later than 5 days after the pay date of the final pay check.

<p>1. Does SF 3100 or SF 3100A for applicant named in Section A contain all information required?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>	<p>2. Is the applicant someone who elected to transfer to FERS and who is entitled to have a portion of his or her benefits computed under CSRS rules?</p> <p><input type="checkbox"/> YES ► go to item 3 <input type="checkbox"/> NO ► go to item 4</p>
<p>3. If yes, are his or her sick leave balances at the time of transfer and as of retirement shown on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>	<p>4. Is applicant's last day in pay status shown on SF 3100 or SF 3100A?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>
<p>5. Is applicant's health benefits status posted on SF 3100 or 3100A?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>	<p>6. If this is a preliminary SF 3100 or SF 3100A for disability retirement, is applicant's life insurance status posted?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>
<p>7. If applicant is continuing life insurance into retirement, is the SF 2821 with Payroll Office certifying signature attached?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>	
<p>8a. Has applicant made a military service deposit with your agency?</p> <p><input type="checkbox"/> YES ► go to item 8b <input type="checkbox"/> NO ► go to item 9a</p>	<p>8b. If yes, is an SF 3100 or SF 2806* for the deposit attached?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Record will follow</p>
<p>9a. Does the applicant have any part-time service (for an employee who elected to transfer to FERS and is eligible to have a portion of his/her annuity computed under CSRS rules, any part-time service on or after April 7, 1986)?</p> <p><input type="checkbox"/> YES ► go to item 9b <input type="checkbox"/> NO ► go to item 11</p>	<p>9b. If yes, is the number of hours in each scheduled tour of duty and the date of each change in tour of duty posted on the SF 3100 or SF 3100A (including changes to full-time and intermittent status)? If the employee worked in excess of his/her scheduled tour of duty, post the actual earnings or hours actually worked at each rate of pay.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>
<p>10. If the applicant is a postal employee, are postal earning for non-deduction service shown on SF 3100?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO ► explain in item 12</p>	<p>11. Disposition of SF 3100 or SF 3100A:</p> <p><input type="checkbox"/> SF 3100 or SF 3100A and Register of Separations and Transfers (SF 3103*) are attached.</p> <p><input type="checkbox"/> SF 3100 or SF 3100A was forwarded as follows:</p>
<p>Forwarded to:</p>	<p>SF 3103 Number</p>
<p>Date of SF 3103</p>	

12. Remarks:

13. Certification by chief payroll officer or designee
I certify that the above accurately reflects official records maintained by this office.

Signature	Date	Payroll office number

* Employees who elected to transfer to FERS may have a redesignated SF 2806 instead of or in addition to SF 3100 or SF 3100A.

TITLES OF FORMS REFERRED TO IN SECTION A:

<p>SF 2806: Individual Retirement Record (CSRS)</p> <p>SF 2809: Health Benefits Registration Form</p> <p>SF 2810: Notice of Change in Health Benefits Enrollment</p> <p>SF 2817, SF 176, SF 176T: Life Insurance Election</p> <p>SF 2818: Election of Post-Retirement Basic Life Insurance Coverage</p> <p>SF 2821: Agency Certification of Insurance Status</p> <p>SF 2823: } Life Insurance Designation of Beneficiary</p> <p>SF 54: }</p> <p>SF 3100: Individual Retirement Record</p>	<p>SF 3100A: Individual Retirement Record (FERS)</p> <p>SF 3102: FERS Designation of Beneficiary</p> <p>SF 3103: Register of Separations and Transfers</p> <p>SF 3105 or SF 3112: Documentation in Support of Disability</p> <p>SF 3106: Application for Refund of Retirement Deductions</p> <p>SF 3107: Application for Immediate Retirement</p> <p>SF 3107-1: Certified Summary of Federal Service</p> <p>SF 3107-2: Spouse's Consent to Survivor Election</p> <p>OPM Form 1510: Certification of Agency Offer of Position and Required Documentation</p> <p>OPM Form 1515: Military Service Deposit Election</p>
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